UNITED STATES MARINE CORPS



COMMANDING GENERAL
MARINE AIR GROUND TASK FORCE TRAINING COMMAND
MARINE CORPS AIR GROUND COMBAT CENTER
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COMBAT CENTER ORDER 1702.1

From: Commanding General To: Distribution List

Subj: MARINE CORPS AIR GROUND COMBAT CENTER (MCAGCC) SUICIDE PREVENTION

PROGRAM

Ref: (a) MCO P1700.29

(b) MCO 3040.4D

Encl: (1) Possible indicators

(2) Protocol for response

(3) Listing of definitions

- 1. <u>Situation</u>. Suicides needlessly rob the Marine Corps of crucial personnel assets each year. The Marine Corps implemented use of the Department of the Navy Suicide Incident Report (DONSIR) to track risk factors associated with suicide. Initial findings highlighted relationship and legal problems as the two most common factors. Additionally, there is an alarming increase in the number of suicides and attempts among Staff Noncommissioned Officers and Officers, so the Marine Corps can no longer consider suicide a problem that occurs primarily among the junior enlisted. This order will outline and focus the Suicide Prevention resources available to Commanding Officers and their staffs in preventing suicide aboard the Marine Corps Air Ground Combat Center.
- 2. <u>Mission</u>. It is critical that every service member and the chain of command reach out to individuals in their time of need. Seeking help should NOT damage an individual's career, nor should offering help be characterized as violations of privacy. Make certain that no service member in your command goes unnoticed, particularly if his or her behavior is out of the ordinary. Suicide prevention in the Marine Corps requires the closest Command attention, and is a priority strategy in the retention effort.
- 3. Execution. Commanders will take all necessary steps to create and sustain a climate of risk awareness, non-judgmental assistance, and unit member responsibility for others in need. At a minimum, commands will provide annual suicide prevention training which works to reduce the stigma of getting help and aggressively challenges associated myths. In accordance with reference (a), MCCS will make such training available. More frequent, open discussion and training may have greater effect on personal attitudes and behaviors. Leaders will communicate the message that it is okay to get help! Seeking help of Chaplains, Mental Health professionals and others can make a "life-or-death" difference.
- 4. Administration and Logistics. The enclosures provide information, courses of action, and definitions of terminology commonly used in discussions of suicide. Other resources are available in the forms of the Marine Corps Community Service's Prevention Education Section, Chaplains, and Mental Health providers, all of whom can be invited to brief service members

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and the chain of command on available prevention and treatment services. The ref (b) requires reporting of suicides, attempts, and gestures.

5. Command and Signal

- a. <u>Signal</u>. This Order is effective immediately.
- b. $\underline{\text{Command}}$. This Order is applicable to all units, active or reserve, aboard the Combat Center.

//signed//
F. M. STEWART
Chief of Staff

DISTRIBUTION: A-1

Possible Indicators

(The information provided are possibilities and not to be confused with or seen as absolutes.)

1. Factors

Personal factors prior to entering the military.

Family history of abuse.

Situational factors.

Feelings of hopelessness and helplessness.

Limited life skills

Pre-occupied with death or dying.

Self-destructive acts, i.e., marking, burning, and disfiguring the body.

Has had recent severe loss.

Drastic changes in behavior.

Loses interest in personal appearance.

Withdraws from friends, family or other social activities they use to enjoy.

Has attempted suicide before.

Sleep difficulties

Difficulty resolving conflict.

Close to deployment.

End of contract or retirement.

Increase in the use of alcohol or drugs.

Giving away of prized possessions.

Protocol for Response

"AID-LIFE"

- A. Ask the Marine if he/she is thinking about suicide or hurting him/herself. Be direct.
- I. Intervene immediately. Take action. Listen and let the person know he or she is not alone. Do not be judgmental or debate whether suicide is right or wrong or if their feelings are good or bad. Do NOT lecture on the value of life!
- D. Don't keep it a secret. Do not be sworn to secrecy! This is a need-to-know!
- L. Locate help, doctor, nurse, corpsman, chaplain, family, friend, etc.
- I. Inform the chain of command of the situation. The chain of command can secure necessary assistance resources for the long term. Suicide risk does not get better with quick solutions. Effective problem-solving takes time, and the chain of command can monitor progress to help avert future difficulties.
- F. Find someone to stay with the Marine/Sailor. Never leave the person alone!
- E. Expedite. Get help immediately! An at-risk person needs immediate attention from professional caregivers.

Listing of Definitions

Suicide - taking of one's own life.

 $\underline{\text{Cluster Suicides}}$ - Multiple suicides, usually among adolescents, in a circumscribed period of time and area. Thought to have an element of contagion.

<u>Mental Health</u> - a state of being that is relative rather than absolute. The best indices of mental health are simultaneous success at working, loving, and creating, with capacity for mature and flexible resolution of conflicts between instincts, conscience, important other people, and reality.

 $\frac{ ext{Affect}}{ ext{(emotion)}}$; is responsive to changing emotional states, whereas mood refers to a pervasive and sustained emotion. Common affects are euphoria, anger, and sadness.

<u>First Responder</u> - is a person who first recognizes the threat or risk of suicide and responds to prevent the possibility of a suicide. First responder can be anyone!

Duties of First Responder

Learn what to observe and the possible meanings of what is observed.

Adopt the attitude that "I can help".

Understanding what to do.

Know where to get professional help from resources in the military and civilian communities.